

PLACE OF BIRTH

1. County of Gila
 District of Line Oak
 Town of Miami
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137
 County Registrar No. 445
 Local Registrar No. _____

No. K-17 Line Oak Canyon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Refugia Fernandez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth May 16, 1927
 Month Day Year

8. FATHER Full name Jesus Hernandez 14. MOTHER Full maiden name Julia Sabata

9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. (Line Oak) If non-resident, give place and state. (Line Oak)

10. Color or race Mexican 11. Age at last birthday 27 (Years) 16. Color or race Mexican 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) _____ (State or country) Mexico 18. Birthplace (city or place) Salmonville, (State or country) Arizona

13. Occupation miner Nature of Industry (Copper) 19. Occupation Housewife Nature of Industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:10 A.M. on the date above stated (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature J. J. Miller (Physician or midwife). Address Miami, Arizona

Given name added from a supplemental report. Month, day, year Oct 25, 1927 Local Registrar. _____

Registrar _____ Filed _____ 19 _____ County Registrar. _____

969-1016-131